	STATES BANKRUPTCY COURT TOF NEW JERSEY					
FITZGER 649 New Jersey C By: Sara Phone: 2 Fax: 201	Compliance with D.N.J. LBR 9004-1(b) RALD & CROUCH, P.C. Vark Avenue City, NJ 07306 h J. Crouch, Esq. (SC 1174) 201-533-1100 -533-1111 for the Debtor					
In Re:		Case No.:	17-35031			
INDIA MCRAE		Judge:	Gambardella			
		Chapter:	13			
The	CHAPTER 13 DEBTOR'S CERT		SITION			
1.	✓ Motion for Relief from the Autom		US Bank NA			
**	creditor,					
	A hearing has been scheduled for	August 15, 2018	, at <u>10:30 AM</u> .			
	☐ Motion to Dismiss filed by the Chapter 13 Trustee.					
		, at				

I am requesting a hearing be scheduled on this matter.

2.

I oppose the above matter for the following reasons (choose one):

been accounted for. Documentation in support is attached.

 \square Payments have been made in the amount of \$ ______, but have not

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Payments have not been made for the following reasons and debtor proj	oses
repayment as follows (explain your answer): Payments have been made in the amount of \$3,176.00 and an payment in the amount of \$3176.00.	other

☐ Other (explain your answer):

The mortgage company offered a trial modification. The Debtor was paying the insurance on her own and sent in a payment that was slightly lower because there was no need to pay extra insurance. Declaration page attached. The Debtor requests the loan modificatino be reinstated.

- 3. This certification is being made in an effort to resolve the issues raised in the certification of default or motion.
- 4. I certify under penalty of perjury that the above is true.

Date: 7/24/18	X India Milae
	Debtor's Signature
Date:	
	Debtor's Signature

NOTES:

- 1. Under D.N.J. LBR 4001-1(b)(1), this form must be filed with the court and served on the Chapter 13 Trustee and creditor, if applicable not later than 7 days before the date of the hearing if filed in opposition to a Motion for Relief from the Automatic Stay or Chapter 13 Trustee's Motion to Dismiss.
- 2. Under D.N.J. 4001-1 (b)(2), this form must be filed with the court and served on the Chapter 13 Trustee and creditor, if applicable not later than 14 days after the filing of a Certification of Default.



OFFICIAL CHECK

53514468-0

52-0133 112

RE: INDIA M MCRAE

DATE: 07/03/2018

PAY TO THE *** MR. COOPER ORDER OF

Three Thousand One Hundred Seventy Six AND 00/100

\$3.176.00

The Barn will not stop payment on this Official Bank Check and reimburse the purchaser or issue a replacement until the purchaser or payee signs a Declaration of Loss and more than 90 days have passed since the date of issue.

NON NEGOTIABLE
AUTHORIZED SIGNATURE



OFFICIAL CHECK

53514345-3

CUSTOMER COPY

DATE:

06/07/2018

PAY TO THEMR. COOPER

Two Thousand One Hundred Seventy Six AND 00/100

\$2.175.00

DRAWER: TO BANK, N.A.

NEGOTIABL AUTHORIZED SIGNATURE

The Bank will not stop payment on this Official Bank Check and reimburse the purchaser or issue a replacement until the purchaser or payee signs a Declaration of Loss and more than 90 days have passed since the date of issue.

CUSTOMER'S RECEIPT UNITED STATES KEEP THIS POSTAL SERVICE ® RECEIPT FOR YOUR RECORDS SEE BACK OF THIS RECEIPT Pay to FOR IMPORTANT CLAIM INFORMATION Year, Month 1978-05-02 Post Office 07306 mount \$1,000.00 Clerk 09 NOT NEGOTIABLE Serial Number 25079785514



437-0900 FAX 437-8360



LONGO AGENCY, INC.

BUSINESS . AUTO . HOME . LIFE

NICOLE MILLER CSR marilyn.longo@att.net

916 BROADWAY BAYONNE, N.J. 07002 www.longoagency.com

			SLA#: 00574-18-11450					
Insurance is effective with cer	tain Under	writers at Lloyd						
Percentage 100%								
The Intermediary negotiating this	insurance on	behalf of the Corr	respondent is: Bell & Clements Ltd.					
55 King William Street UK, EC4								
	This Dec	claration Page is	attached to and forms part of policy					
Policy No: AHH12/453			Prior Policy No: NEW					
Name and Mailing Address of th INDIA MCRAE	e insurea		Producer Name and Address: Longo Agency Inc					
90 Neptune Ave			916 Broadway					
Jersey City, NJ 07305			Bayonne, NJ 07002					
			(201) 437-0900					
Policy Period: From: 06/14/		To: 06/14/2019	12:01 A.M. standard time at the Ins					
The Residence Premises covered 90 Neptune Ave, Jersey City, NJ		y is located at the	address of the insured shown above unle	ess otherwise	stated:			
Coverage is Provided only when	re a limit of	liability or a pre	mium is shown for the coverage					
Coverage Form: HO3	NY 774-7							
SECTION EPROPER A. DWELLING			SECTION II-LIABII					
	\$	608,000	E. PERSONAL LIABILITY	\$	500,000			
B. OTHER STRUCTURES C. PERSONAL PROPERTY	S	60,800	F. MEDICAL PAYMENTS	\$	5,000			
D. LOSS OF USE	S	304,000 60,800	Market Market Control of the Control					
D. LOSS OF USE	J)	00,800						
SECTION I PREMIUM:	S	2,335.00	SECTION II PREMIUM:	\$	150.00			
SECTION I DEDUCTIBLES:			laxes and lees:					
IN CASE OF LOSS UNDER THIS F			Inspection Fee \$23.00					
THAT PART OF THE LOSS OVER ALL OTHER PERILS	THE DEDUC		Agency Fee PL Surplus Line Tax		\$50.00			
NAISO MERTERES		\$1,000 \$2,500	Surpius Line Tax		\$124.25			
WATER DAM AGE		\$2,500						
		32,300						
			1					
Wind/Hail Form (if applicable)	HO 033	10	TOTAL PREMIUM: \$ 2,485.00		2,485.00			
FORMS AND ENDORSEMENT MA	DEPARTOFT	HISPOLICY AT T	HE TIME OF ISSUANCE: SEE ATTACHE	D JCFS-SCHE	DULE OF FORMS AN			
ENDORSEMENTS								
RATINGTINFORMATIONS								
OCCUPANCY NO. OF FAMILES	Owner		CONSTRUCTION YEAR OF CONSTRUCTION	Frame				
PROTECTIONCLASS	1 2		NO. OF STORIES	1940				
TERRITORY	504		NO. OF STORIES					
First Mortgagee: (Name and Ad			Second Mortgagee: (Name and Add	ress)				
Nationstar Mortgage LLC ISAOA/	ATIMA							
PO Box 7729								
Springfield, OH 45501-7725 LOAN # 599952330								
			Ray has blocked and a second					
Agency Name and Address: Jim 60	cor Agency, I Craig Road N	inc. Aontvale, NJ 0764	5					
Countersigned (Date) 06/14/2018		By:	1					
		1 /	form 4 Chalmann					
		Correspe	ondent, Countersignature or Authorized Rei	presentative sel	ichover is applicable			

This declaration page with policy jacket, policy form and endorsements, if any, issued to form a part, thereof completes the

above numbered policy.